

B1 (Official Form 1)(4/10)

<b>United States Bankruptcy Court District of New Jersey</b>				<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Hudson Healthcare, Inc.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>14-1981413</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)		
Street Address of Debtor (No. and Street, City, and State): <b>308 Willow Avenue Hoboken, NJ</b>			Street Address of Joint Debtor (No. and Street, City, and State):		
ZIP Code <b>07030</b>			ZIP Code		
County of Residence or of the Principal Place of Business: <b>Hudson</b>			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):		
ZIP Code			ZIP Code		
Location of Principal Assets of Business Debtor (if different from street address above):					
<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box)  <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable) <input checked="" type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box)  <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).  Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.  <b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input checked="" type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000  <b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input checked="" type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion  <b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input checked="" type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					THIS SPACE IS FOR COURT USE ONLY

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Hudson Healthcare, Inc.</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).  <b>X</b> _____ Signature of Attorney for Debtor(s) (Date)	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition***(This page must be completed and filed in every case)*Name of Debtor(s):  
**Hudson Healthcare, Inc.****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor**X** \_\_\_\_\_  
Signature of Joint Debtor\_\_\_\_\_  
Telephone Number (If not represented by attorney)\_\_\_\_\_  
Date**Signature of Attorney\*****X** /s/ Joseph J. DiPasquale  
Signature of Attorney for Debtor(s)Joseph J. DiPasquale  
Printed Name of Attorney for Debtor(s)Trenk, DiPasquale, Webster, Della Fera & Sodono, P.C.  
Firm Name347 Mount Pleasant Avenue  
Suite 300  
West Orange, NJ 07052\_\_\_\_\_  
Address973-243-8600 Fax: 973-243-8677\_\_\_\_\_  
Telephone NumberAugust 1, 2011\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Vincent Riccitelli  
Signature of Authorized IndividualVincent Riccitelli  
Printed Name of Authorized IndividualCEO  
Title of Authorized IndividualAugust 1, 2011\_\_\_\_\_  
Date**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** \_\_\_\_\_  
Signature of Foreign Representative\_\_\_\_\_  
Printed Name of Foreign Representative\_\_\_\_\_  
Date**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)\_\_\_\_\_  
Address**X** \_\_\_\_\_  
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**RESOLUTION OF MEETING OF BOARD  
OF DIRECTORS OF HUDSON HEALTHCARE, INC.**

I hereby certify that at a duly called and held meeting of the Board of Directors of Hudson Healthcare, Inc., a New Jersey non-profit corporation organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Service code of 1986, held on the 25th day of July 2011, the following Resolution was proposed and unanimously adopted by all Directors present:

“RESOLVED that, in view of the financial condition of Hudson Healthcare, Inc. (“HHI”), its officers be and hereby are authorized to file a petition pursuant to chapter 11 of the Bankruptcy Code and retain the services of the law firm Trenk, DiPasquale, Webster, Della Fera & Sodono, P.C. for the purposes of preparing, filing, and prosecuting a petition under Chapter 11 and to take all steps necessary and related thereto, to retain professionals as needed, and that all retainers paid to said firms are hereby approved, and that Vincent Riccitelli, Chief Executive Officer and any other officers authorized by Mr. Riccitelli are hereby authorized to execute the petition and any pleadings or documents he and counsel deem necessary in connection with the chapter 11 proceeding of HHI.”

In certification hereof, I do set my hand and seal this 25th day of July 2011.

**HUDSON HEALTHCARE, INC.**

By: /s/ Vincent Riccitelli  
Vincent Riccitelli  
Chief Executive Officer

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court  
District of New Jersey**

In re Hudson Healthcare, Inc.

Debtor(s)

Case No.

Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
UMDNJ-CASHIER LIBERTY PLAZA PO BOX 2685 NEW BRUNSWICK, NJ 08903-2685	UMDNJ-CASHIER LIBERTY PLAZA PO BOX 2685 NEW BRUNSWICK, NJ 08903-2685		Disputed	2,829,783.86
PSE&G Attn. Suzanne M. Klar, Esq. 80 Park Plaza, T5D PO Box 570 Newark, NJ 07102	PSE&G Attn. Suzanne M. Klar, Esq. 80 Park Plaza, T5D Newark, NJ 07102			2,502,669.64
APOLLO HEALTH STREET INC LOCKBOX # 8226 P O BOX 8500 PHILADELPHIA, PA 19178-8226	APOLLO HEALTH STREET INC LOCKBOX # 8226 P O BOX 8500 PHILADELPHIA, PA 19178-8226		Disputed	1,599,195.72
DISTRICT 1199J NJ BENEFIT FUND P. O. BOX 998 NEWARK, NJ 07101	DISTRICT 1199J NJ BENEFIT FUND P. O. BOX 998 NEWARK, NJ 07101			1,055,045.09
HOBOKEN PARKING AUTHORITY 101 FIRST STREET HOBOKEN, NJ 07030	HOBOKEN PARKING AUTHORITY 101 FIRST STREET HOBOKEN, NJ 07030		Disputed	1,007,740.00
CITY OF HOBOKEN 101 FIRST STREET HOBOKEN, NJ 07030	CITY OF HOBOKEN 101 FIRST STREET HOBOKEN, NJ 07030		Disputed	903,638.00
CARDINAL HEALTH (VALUE LINK) VALUELINK DIVISION PO BOX 13862 NEWARK, NJ 07188-0862	CARDINAL HEALTH (VALUE LINK) VALUELINK DIVISION PO BOX 13862 NEWARK, NJ 07188-0862			751,261.07
EXPRESS SCRIPTS, INC. 21653 NETWORK PLACE CHICAGO, IL 60673-1216	EXPRESS SCRIPTS, INC. 21653 NETWORK PLACE CHICAGO, IL 60673-1216			602,733.99

B4 (Official Form 4) (12/07) - Cont.  
In re **Hudson Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
MD-X SOLUTIONS INC ATTN. ACCOUNTS RECEIVABLE 200 NO POINT CTR EAST, STE 200 A ALPHARETTA, GA 30022	MD-X SOLUTIONS INC ATTN. ACCOUNTS RECEIVABLE 200 NO POINT CTR EAST, STE 200 A ALPHARETTA, GA 30022		Disputed	593,713.88
QUADRAMED P O BOX 1915 MERRIFIELD, VA 22116-1915	QUADRAMED P O BOX 1915 MERRIFIELD, VA 22116-1915			562,316.62
FRESENIUS MANAGEMENT SVCS INC P O BOX 16343 CHICAGO, IL 60693	FRESENIUS MANAGEMENT SVCS INC P O BOX 16343 CHICAGO, IL 60693			515,010.58
HORIZON BC & BS OF N.J. INC 3 Penn Plaza East - PP06n Newark, NJ 07105-2200	HORIZON BC & BS OF N.J. INC 3 Penn Plaza East - PP06n Newark, NJ 07105-2200			499,854.71
DISTRICT 1199J PENSION FUND P.O. BOX 998 NEWARK, NJ 07101	DISTRICT 1199J PENSION FUND P.O. BOX 998 NEWARK, NJ 07101			494,416.88
NHSA 1600 ADAMS STREET HOBOKEN, NJ 07030	NHSA 1600 ADAMS STREET HOBOKEN, NJ 07030			473,516.84
SODEXO INC BOX 360170 PITTSBURGH, PA 15251-6170	SODEXO INC BOX 360170 PITTSBURGH, PA 15251-6170		Disputed	396,122.07
SODEXO INC BOX 360170 PITTSBURGH, PA 15251-6170	SODEXO INC BOX 360170 PITTSBURGH, PA 15251-6170		Disputed	395,568.16
ARAMARK HEALTHCARE 12483 COLLECTION CENTER DR CHICAGO, IL 60693	ARAMARK HEALTHCARE 12483 COLLECTION CENTER DR CHICAGO, IL 60693			337,665.34
VERIZON P O BOX 4833 TRENTON, NJ 08650	VERIZON P O BOX 4833 TRENTON, NJ 08650			306,646.50
HOBOKEN PHYSICIAN ASSOC LLC 66 WEST GILBERT STREET RED BANK, NJ 07701	HOBOKEN PHYSICIAN ASSOC LLC 66 WEST GILBERT STREET RED BANK, NJ 07701			299,334.96
AMERIHEALTH CASUALTY SERVICES LOCKBOX #8271 P O BOX 8500 PHILADELPHIA, PA 19178-8271	AMERIHEALTH CASUALTY SERVICES LOCKBOX #8271 P O BOX 8500 PHILADELPHIA, PA 19178-8271			290,611.82

B4 (Official Form 4) (12/07) - Cont.  
In re Hudson Healthcare, Inc.

Debtor(s)

Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the CEO of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date August 1, 2011

Signature /s/ Vincent Riccitelli  
Vincent Riccitelli  
CEO

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.